

<i>SERFF Tracking Number:</i>	<i>RNIC-125886730</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>40759</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PS-AMB and PS-PR-PT Benefit Riders</i>		
<i>Project Name/Number:</i>	<i>PS-AMB and PS-PR-PT Benefit Riders/</i>		

Filing at a Glance

Company: Reserve National Insurance Company

Product Name: PS-AMB and PS-PR-PT Benefit SERFF Tr Num: RNIC-125886730 State: ArkansasLH
Riders

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense	SERFF Status: Closed	State Tr Num: 40759
Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form/Rate	Co Status: Authors: Kyle Conrad, Brenda Ingram Date Submitted: 11/04/2008	Reviewer(s): Rosalind Minor Disposition Date: 11/06/2008 Disposition Status: Approved- Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: PS-AMB and PS-PR-PT Benefit Riders
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/06/2008
State Status Changed: 11/06/2008
Corresponding Filing Tracking Number:
Filing Description:
November 4, 2008

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:

Deemer Date:

Ms. Rosalind D. Minor

SERFF Tracking Number: RNIC-125886730 State: Arkansas
Filing Company: Reserve National Insurance Company State Tracking Number: 40759
Company Tracking Number:
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense
Product Name: PS-AMB and PS-PR-PT Benefit Riders
Project Name/Number: PS-AMB and PS-PR-PT Benefit Riders/

Certified Rate and Form Analyst

Life and Health Division

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

RE: Reserve National Insurance Company - NAIC # 68462; FEIN# 73-0661453

Form PS-AMB – Ambulance Benefit Rider

Form PS-PR-PT – Prosthesis and Physical Therapy Benefit Rider

Form OC PS-1 AR (1/09) – Outline of Coverage

Dear Ms. Minor:

We are submitting the above-referenced forms, which we request you consider for approval. This is a new filing not previously submitted.

Form PS-AMB is an optional benefit rider that will be available under our previously-approved Individual Hospital, Medical and Surgical Expense Policy Form PS-1. This new rider will pay 80% of the expense incurred for transportation to or from a hospital by a licensed ambulance service, up to maximum benefits of (a) \$5,000 for air ambulance for any one injury or sickness and (b) \$1,500 for ground ambulance for any one injury or sickness.

Form PS-PR-PT is also an optional benefit rider that will be available under our previously approved Form PS-1. This new rider will pay 80% of the expense incurred for a prosthesis and physical, up to maximum benefits of (a) \$10,000 for a prosthesis for any one injury or sickness and (b) \$2,500 for physical therapy for any one injury or sickness, limited to \$50 per day.

Form OC PS-1 AR (1/09) is a revised outline of coverage for the PS-1 policy that reflects the availability of Form PS-AMB and Form PS-PR-PT as optional benefit riders. I hereby certify that Form OC PS-1 AR (1/09) reflects no changes to the previously-approved outline of coverage for Form PS-1, other than the language concerning the availability of these two new riders.

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<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PS-AMB and PS-PR-PT Benefit Riders</i>		
<i>Project Name/Number:</i>	<i>PS-AMB and PS-PR-PT Benefit Riders/</i>		

We are also submitting the rates and supporting actuarial memorandums related to this filing.

If this filing meets with your approval, please provide us with appropriate evidence thereof.

Thank you for your consideration in this matter. If there are any questions, you may contact me by telephone at (800) 874-1431, by fax at (405) 840-3426 or by e-mail at kconrad@unitrin.com.

Sincerely,

Kyle D. Conrad
Senior Vice President
and Associate Corporate Counsel

Company and Contact

Filing Contact Information

Kyle Conrad, Vice President & Associate Corporate Counsel	kconrad@unitrin.com
6100 N. W. Grand Blvd	(800) 874-1431 [Phone]
Oklahoma City, OK 73118	

Filing Company Information

Reserve National Insurance Company	CoCode: 68462	State of Domicile: Oklahoma
6100 N.W. Grand Boulevard	Group Code: 215	Company Type: Life and Health
Oklahoma City, OK 73118	Group Name: Reserve National	State ID Number:
(405) 848-7931 ext. 549[Phone]	FEIN Number: 73-0661453	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00

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<i>Product Name:</i>	<i>PS-AMB and PS-PR-PT Benefit Riders</i>		
<i>Project Name/Number:</i>	<i>PS-AMB and PS-PR-PT Benefit Riders/</i>		
Retaliatory?	Yes		
Fee Explanation:			
Per Company:	No		

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	\$75.00	11/04/2008	23691478

SERFF Tracking Number:	RNIC-125886730	State:	Arkansas
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Product Name:	PS-AMB and PS-PR-PT Benefit Riders		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/06/2008	11/06/2008

<i>SERFF Tracking Number:</i>	<i>RNIC-125886730</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 11/06/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RNIC-125886730 State: Arkansas

Filing Company: Reserve National Insurance Company State Tracking Number: 40759

Company Tracking Number:

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense

Product Name: PS-AMB and PS-PR-PT Benefit Riders

Project Name/Number: PS-AMB and PS-PR-PT Benefit Riders/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Ambulance Benefit Rider	Approved-Closed	Yes
Form	Prothesis and Physical Therapy Benefit Rider	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Rate	Exhibit 1 Rate Sheets	Approved-Closed	Yes

SERFF Tracking Number: RNIC-125886730 State: Arkansas

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Project Name/Number: PS-AMB and PS-PR-PT Benefit Riders/

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	PS-AMB	Policy/Cont	Ambulance Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		87	PS-AMB Ambulance Benefit Rider.pdf
Approved-Closed	PS-PR-PT	Policy/Cont	Prothesis and ract/Fratern Physical Therapy al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		69	PS-PR-PT Prothesis and Physical Therapy Benefit Rider.pdf
Approved-Closed	OC PS-1 AR (1/09)	Outline of Coverage	Outline of Coverage	Revised	Replaced Form #: OC PS-1 AR Previous Filing #:		OC PS-1 AR 1.09.pdf

RESERVE NATIONAL INSURANCE COMPANY
OF OKLAHOMA CITY, OKLAHOMA

AMBULANCE BENEFIT RIDER

In consideration of the additional premium and effective with the date of issue, coverage under the Policy to which this Rider is attached is extended to include the following benefit:

BENEFIT FOR AMBULANCE

If a Covered Person, as a result of an Injury or Sickness, while the Policy is in force, incurs expense for transportation to or from a Hospital by a licensed ambulance service, we will pay the Benefit Percentage of the Expense Incurred, but not to exceed the following maximum benefits:

- (a) **Air Ambulance:** For air transportation by a licensed ambulance service, the maximum benefit is \$5,000.00 **for any one Injury or Sickness.**
- (b) **Ground Ambulance:** For ground transportation by a licensed ambulance service, the maximum benefit is \$1,500.00 **for any one Injury or Sickness.**

The Policy's Deductible provision does not apply to the Benefit for Ambulance.

All the provisions, conditions, limitations and exclusions of the Policy to which this Rider is attached which are not modified hereby and which are not in conflict herewith shall be applicable to this Rider.

IN WITNESS WHEREOF, RESERVE NATIONAL INSURANCE COMPANY has caused this Rider to be executed by its President and attested by its Secretary.


Secretary


President

RESERVE NATIONAL INSURANCE COMPANY
OF OKLAHOMA CITY, OKLAHOMA

PROSTHESIS AND PHYSICAL THERAPY BENEFIT RIDER

In consideration of the additional premium and effective with the date of issue, coverage under the Policy to which this Rider is attached is extended to include the following benefits:

BENEFIT FOR PROSTHESIS

If a Covered Person, as a result of an Injury or Sickness, while the Policy is in force, incurs expense for a prosthesis (a replacement part or device, whether organic or inorganic, implanted in the body to perform or augment a bodily function, such as a pacemaker, a defibrillator, artificial limbs, joints or eyes, casts, splints, trusses or braces), **subject to the Policy's Deductible provision**, we will pay the Benefit Percentage of the Expense Incurred, but not to exceed a maximum benefit of \$10,000.00 **for any one Injury or Sickness**.

BENEFIT FOR PHYSICAL THERAPY

If a Covered Person, as a result of an Injury or Sickness while the Policy is in force, incurs expense for physical therapy, **subject to the Policy's Deductible provision**, we will pay the Benefit Percentage of the Expense Incurred, limited to \$50.00 per day and not to exceed a maximum benefit of \$2,500.00 **for any one Injury or Sickness**.

All the provisions, conditions, limitations and exclusions of the Policy to which this Rider is attached which are not modified hereby and which are not in conflict herewith shall be applicable to this Rider.

IN WITNESS WHEREOF, RESERVE NATIONAL INSURANCE COMPANY has caused this Rider to be executed by its President and attested by its Secretary.


Secretary


President

There Are Limitations On the Amount of Benefits Payable For Each Covered Expense.



Outline of Coverage for Scheduled Benefit Hospital, Medical and Surgical Expense Policy Form PS-1

Read Your Policy Carefully. This Outline of Coverage provides a very brief description of the important features of Scheduled Benefit Hospital, Medical and Surgical Expense Policy Form PS-1. This is not the insurance contract and only the actual provisions in the Policy will control. The Policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. **It is therefore important that you Read Your Policy Carefully!**

Scheduled Benefit Hospital, Medical and Surgical Expense Policy Form PS-1 is designed to help cover hospital, medical and surgical expenses that you incur as a result of a covered injury or sickness. Coverage is provided for the benefits outlined in paragraph II, subject to the limitations, exclusions, deductible and benefit percentage requirements outlined in paragraphs II, III and IV.

For covered treatment of each injury or sickness: A covered person must first satisfy the Deductible [see paragraph I (A) below] once in his/her lifetime for each injury or sickness while the Policy is in force before any benefits (except the Benefits for Preventive Care) are payable for such condition. Then, benefits payable are 80% of the expense incurred, but the amounts payable are limited to the maximum benefit amounts shown below [see paragraphs I (B) through (K) below].

I. Acknowledgment of Maximum Benefit Amounts

- (A) Select Your Deductible Which Applies to Expenses Incurred for Each Injury or Sickness:

Deductible Selected \$ _____

- (B) Maximum Daily Hospital Room and Board Benefit:

80% of the Expense Incurred, up to \$ _____

- (C) Maximum Miscellaneous Hospital Inpatient Benefit:

80% of the Expense Incurred, up to \$ _____

- (D) Maximum Inpatient Diagnostic Radiology Benefit:

80% of the Expense Incurred, up to \$1,500

- (E) Maximum Inpatient Pathology Benefit:

80% of the Expense Incurred, up to \$1,000

- (F) Maximum Surgeon's Benefit:

80% of the Expense Incurred, up to Amounts Scheduled
in the Policy for Each Operation

- (G) Maximum Anesthesia Benefit:

80% of the Expense Incurred, up to 25% of the Applicable Surgical Benefit

- (H) Maximum Mammogram Benefit*:

80% of the Expense Incurred, up to \$125

- (I) Maximum Pap Smear Benefit*:

80% of the Expense Incurred, up to \$100

- (J) Maximum Prostate Exam Benefit*:

80% of the Expense Incurred, up to \$75

- (K) Maximum Doctor Visit Benefit*:

After a \$20 co-pay, 80% of the Expense Incurred,
up to \$65 per visit, up to 2 visits per policy year

Applicant's Signature for
Acknowledgement of Benefits

*The Benefits for Preventive Care are not subject to the Deductible.

II. Description of Benefits

(A) Benefits Payable While In The Hospital

- (1) **Hospital Expense Benefits:** For hospital expenses incurred while you are confined in a hospital, subject to the **Deductible**, we will pay **80%** of the expense incurred, **but not to exceed the amounts stated for any one injury or sickness:**

“ Daily hospital room and board expenses incurred, **but not to exceed the Maximum Daily Hospital Room and Board Benefit shown on page 1, for up to 365 days for an adult and 60 days for a child under age 18, for any one injury or sickness.**

“ Miscellaneous hospital inpatient expenses incurred, **but not to exceed the Maximum Miscellaneous Hospital Inpatient Benefit shown on page 1. The Maximum Miscellaneous Hospital Inpatient Benefit payable for any one injury or sickness is limited to the amount shown on page 1.**

Outpatient Radiation Therapy/Chemotherapy: Benefits relating to expenses incurred for outpatient radiation therapy or chemotherapy administered by or under the supervision of a physician for the treatment of **cancer** following a covered hospital confinement or surgical procedure for which Miscellaneous Hospital Inpatient Benefits were payable for the treatment of such cancer, will be payable as if incurred on an inpatient basis for such **cancer**, **but not to exceed in the aggregate a maximum benefit of \$1,000 per day for such outpatient radiation therapy or chemotherapy.**

- (2) **Benefit For Inpatient Diagnostic Radiology:** For interpretation of X-rays, CT Scans or MRIs by a radiologist, while you are confined in a hospital, subject to the **Deductible**, we will pay **80%** of the expense incurred, **but not to exceed a maximum benefit of \$1,500 for any one injury or sickness.**
- (3) **Benefit For Inpatient Pathology:** For services of a pathologist, while you are confined in a hospital, subject to the **Deductible**, we will pay **80%** of the expense incurred, **but not to exceed a maximum benefit of \$1,000 for any one injury or sickness.**

(B) Benefits Payable While In Or Out Of The Hospital

- (1) **Benefit For Surgeon:** For surgery performed by a physician, subject to the **Deductible**, we will pay **80%** of the expense incurred for the primary surgeon, **but not to exceed the applicable amount listed for each operation in the Schedule of Surgical Operations in the Policy.** The maximum aggregate benefit for all operations for any one injury or sickness is limited to \$_____. This benefit is not payable for expense incurred for a physician who assists the primary surgeon with a surgical operation.
- (2) **Benefit For Anesthesia:** For services of an anesthesiologist for a covered surgical procedure, subject to the **Deductible**, we will pay **80%** of the expense incurred, **but not to exceed a maximum benefit of 25% of the benefit provided for the surgical operation for any one injury or sickness.**

(C) Benefits Payable Out Of The Hospital – Benefits for Preventive Care

These benefits are not subject to the Deductible.

- (1) **Mammograms:** For a female covered person age 35 and over, we will pay **80%** of the expense incurred for mammograms performed at age intervals specified in the Policy, **but not to exceed a maximum benefit of \$125 for each mammogram.** This benefit is also payable if a covered person, her mother or her sister has had a history of breast cancer. See the Policy for details.
- (2) **Pap Smears:** For a female covered person, we will pay **80%** of the expense incurred for a Pap smear, **but not to exceed a maximum benefit of \$100 for each Pap smear**, limited to one Pap smear per policy year or more frequently if recommended by a physician.
- (3) **Prostate Exams:** For a male covered person age 50 and over, we will pay **80%** of the expense incurred for a prostate exam, **but not to exceed a maximum benefit of \$75 for each prostate exam**, limited to one prostate exam per policy year or more frequently if recommended by a physician.
- (4) **Doctor Visits:** For personal treatment by a physician in his/her office, we will pay **80%** of the expense incurred in excess of a **\$20 co-pay per visit, but not to exceed a maximum benefit of \$65 for each visit**, limited to 1 visit per day with a maximum of 2 visits per policy year.

(D) Optional Benefits

The following items are optional benefits that may be available in your state. Your application reflects you have applied

for the additional benefits if indicated below:

- (1) _____ (applicant's initials to select) **Premium Rate Guarantee Rider:** We guarantee that the premium rate for each covered person will not increase prior to the expiration of **2 years or 3 years (as you select)** following the effective date of this rider. After the expiration of such period, each covered person's premium rate will be subject to increases under the Policy's provisions.
- **Select:** ☐ 2-Year Premium Rate Guarantee ☐ 3-Year Premium Rate Guarantee
- (2) _____ (applicant's initials to select) **Ambulance Benefit Rider:** For transportation to or from a Hospital by a licensed ambulance service, we will pay **80%** of the expense incurred, **but not to exceed the following maximum benefits:**
- (a) **Air Ambulance:** For air transportation by a licensed ambulance service, **the maximum benefit is \$5,000 for any one injury or sickness.**
 - (b) **Ground Ambulance:** For ground transportation by a licensed ambulance service, **the maximum benefit is \$1,500 for any one injury or sickness.**
- (3) _____ (applicant's initials to select) **Prosthesis and Physical Therapy Benefit Rider:** For a prosthesis and physical therapy, subject to the Policy's **Deductible**, we will pay **80%** of the expense incurred, **but not to exceed the following maximum benefits:**
- (a) **Prosthesis** (a replacement part or device, whether organic or inorganic, implanted in the body to perform or augment a bodily function, such as a pacemaker, defibrillator, artificial limbs, joints or eyes, casts, splints, trusses or braces): For a prosthesis, **the maximum benefit is \$10,000 for any one injury or sickness.**
 - (b) **Physical Therapy:** For physical therapy, **the maximum benefit is \$2,500 for any one injury or sickness, limited to \$50 per day.**
- (4) _____ (applicant's initials to select) **Outpatient Benefit Rider:** For the covered outpatient services listed below, we will pay benefits as follows, **subject to the Outpatient Deductible** you select, which **must be satisfied by each covered person in each policy year:**
- (a) **Outpatient Physician Visits:** For outpatient physician visits, we will pay **80%** of the expense incurred, **limited to 1 visit per day, and not to exceed 10 visits in each policy year with a maximum benefit of \$50 per visit.**
 - (b) **Emergency Room:** For the use of a hospital emergency room, we will pay **80%** of the expense incurred, **limited to a maximum benefit of \$500 in each policy year.**
 - (c) **Outpatient Diagnostic Lab Tests and X-Rays:** For outpatient diagnostic lab tests and X-rays (including CT scans and MRIs) we will pay **80%** of the expense incurred, **limited in the aggregate in each policy year to a maximum benefit of \$_____.**

The Outpatient Deductible is separate from and in addition to the Deductible under the Policy.

- **Select:** Outpatient Deductible \$_____.

- (5) _____ (applicant's initials to select) **Existing Condition Benefit Endorsement PEB-3 (7/89):** Pre-existing conditions disclosed on the application and listed on the Endorsement Form PEB-3 (7/89) will be covered after 12 months.

III. Exclusions

We will not pay if loss is caused or contributed to by: (a) injury or sickness sustained while serving in the armed forces of any country or international authority at war, whether war is declared or not (we will return the pro-rata premium for any period not covered by the Policy while you are in such service); (b) suicide or attempted suicide, while sane or insane, or any intentionally self-inflicted injury; (c) drug abuse, drug overdose or drug addiction, except as may be provided by endorsement; (d) intoxication, alcoholism or alcohol related illnesses, except as may be provided by endorsement; (e) mental illness, nervous or emotional disorders, except as may be provided by endorsement; (f) injury or sickness covered by any worker's compensation act, occupational diseases law or any motor vehicle no-fault law; (g) dental care or treatment, except that excluded dental care or treatment shall not include (1) reconstructive surgery when such service is incidental to trauma or (2) treatment of accidental injury to whole, natural teeth received within six months following an accident; (h) cosmetic or elective surgery (including surgery to correct myopia, hyperopia, presbyopia or astigmatism and surgery for weight loss or modification), except that excluded cosmetic surgery shall not include (1) reconstructive surgery when service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part, (2) reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect or (3) breast reconstruction in connection with mastectomy, including reconstructive surgery on a nondiseased breast to establish symmetry with a diseased breast on which reconstructive surgery has been performed; (i) pregnancy or conditions due to pregnancy, except complications of pregnancy shall be covered as a sickness; (j) childbirth, except as may be provided by endorsement; (k) participation in

a felony, riot or insurrection; (l) rest cures, custodial care, and routine physical examinations; (m) expenses incurred to the extent benefits are actually paid by Medicare; (n) charges that a covered person is not legally required to pay or that would not have been made if no insurance coverage had existed; (o) treatment received in a United States Government or Veterans hospital for which a covered person is not required to pay; (p) eye glasses, hearing aids and examination for the prescription or fitting thereof; (q) surgical sterilization; (r) any expense incurred in connection with the acquisition, purchase or transportation of human or animal organs used in transplant procedures.

IV. Pre-Existing Conditions

Pre-existing conditions are not covered under your Policy until your Policy has been in force for a period of two years; however, no benefits whatsoever will be payable for loss from any condition, either pre-existing or otherwise, which is completely excluded from coverage under your Policy by name or specific description on the date of the loss. "Pre-existing condition" means a condition which has been diagnosed, or has manifested itself to you within the five-year period immediately preceding the Effective Date of your Policy by a symptom or symptoms, whether the specific condition has been medically diagnosed or not, and causes loss within the two-year period following the Effective Date of your Policy.

Coverage for some pre-existing conditions may be included after 12 months for an additional premium payable during the life of your Policy by attachment of the PEB-3 (7/89) Endorsement.

V. Termination

A covered person's coverage will immediately terminate at 12:01 a.m., Standard Time, at the place where the insured resides, at the end of the 31-day grace period following the due date of any premium for that covered person which is not paid.

VI. Renewability

Subject to the limitations stated in the Termination provision, the Policy is guaranteed renewable at your option. We reserve the right to change the premiums for the Policy in accordance with the Premium Payments provision.

VII. Premium Payments

- (a) You have a grace period of 31 days for the payment of each premium which becomes due after the first premium.
- (b) Premiums may be changed. Premiums are based on the attained age of each covered person and the time the Policy is in force. Each covered person's premium may increase following his/her birthday. Premiums may also increase at any time due to the Company changing its table of rates applicable on a class basis in your state. Classes may be determined according to sex, attained age, smoking status and state of residence. We will give you 31 days notice before any such premium change.

PLEASE READ BEFORE SIGNING

THE SOLICITING AGENT SIGNING BELOW DOES NOT HAVE THE AUTHORITY TO BIND THE COMPANY OR TO WAIVE, CHANGE OR AMEND ANY TERM OR CONDITION OF A POLICY WHICH MAY BE ISSUED BY THE COMPANY.

I understand and acknowledge that:

• The benefits of Form PS-1 are limited as outlined herein.

- This is not major medical coverage.

• I have received a copy of this outline of coverage, which I have reviewed.

Dated this _____ day of _____, 20_____.

Signed at _____, State of _____.

Applicant's Signature

Agent's Signature

Date

<i>SERFF Tracking Number:</i>	<i>RNIC-125886730</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PS-AMB and PS-PR-PT Benefit Riders</i>		
<i>Project Name/Number:</i>	<i>PS-AMB and PS-PR-PT Benefit Riders/</i>		

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved- Closed	Exhibit 1 Rate Sheets	PS-AMB and PS- New PR-PT			Exhibit I (AMB and PR-PT Rate sheets).pdf

EXHIBIT I
Reserve National Insurance Company, NAIC# 68462
Policy Rider Forms PS-AMB and PS-PR-PT
Attained Age Monthly Premium

Attained Age	Ambulance Rider Form PS-AMB	Prosthesis & PT Form PS-PR-PT
0-17	3.40	6.95
18	6.60	8.60
19	6.60	8.60
20	6.60	8.60
21	6.60	8.60
22	6.60	8.60
23	6.60	8.60
24	6.60	8.60
25	6.60	8.60
26	7.25	10.25
27	7.25	10.25
28	7.25	10.25
29	7.25	10.25
30	7.25	10.25
31	7.25	11.35
32	7.25	11.35
33	7.25	11.35
34	7.25	11.35
35	7.25	11.35
36	7.25	12.20
37	7.25	12.20
38	7.25	12.20
39	7.25	12.20
40	7.25	12.20
41	7.25	13.05
42	7.25	13.05
43	7.25	13.05
44	7.25	13.05
45	8.65	13.05
46	8.65	14.90
47	8.65	14.90
48	8.65	14.90
49	8.65	14.90
50	8.65	14.90
51	8.65	17.40
52	8.65	17.40
53	8.65	17.40
54	8.65	17.40
55	8.65	17.40
56	8.65	18.05
57	8.65	18.05
58	8.65	18.05
59	8.65	18.05
60	8.65	18.05
61	8.65	19.05
62	8.65	19.05
63	8.65	19.05
64	8.65	19.05
65+	13.95	19.05

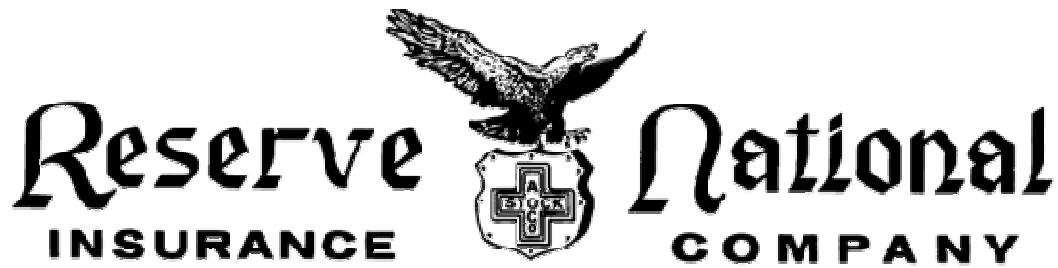
Monthly Bank Draft = Monthly Rate x .92
Semi-Annual Rate = Monthly Rate x 5.82

Quarterly Rate = Monthly Rate x 2.94
Annual Rate = Monthly Rate x 11.04

<i>SERFF Tracking Number:</i>	<i>RNIC-125886730</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>40759</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PS-AMB and PS-PR-PT Benefit Riders</i>		
<i>Project Name/Number:</i>	<i>PS-AMB and PS-PR-PT Benefit Riders/</i>		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	11/06/2008
Comments:				
Attachments:				
	PS-AMB Benefit Rider Readability Certificate.pdf			
	PS-PR-PT Benefit Rider Readability Certificate.pdf			
Bypassed -Name:	Application	Review Status:	Approved-Closed	11/06/2008
Bypass Reason:	Not Applicable			
Comments:				
Satisfied -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	11/06/2008
Comments:				
Attachment:				
	Act Mem Forms PS-AMB and PS-PR-PT.pdf			
Satisfied -Name:	Outline of Coverage	Review Status:	Approved-Closed	11/06/2008
Comments:				
Attachment:				
	OC PS-1 AR 1.09.pdf			



6100 NORTHWEST GRAND BLVD
OKLAHOMA CITY, OKLAHOMA 73118-1082

READABILITY CERTIFICATION

FORM NUMBER: Form PS-AMB – Ambulance Benefit Rider

The words, sentences, and syllables of Form PS-AMB were counted to be used in the Flesch Readability Formula in order to determine the readability score of the form. Formal names, medical terms and words defined (implicitly or explicitly) in the policy/rider/endorsement were not counted.

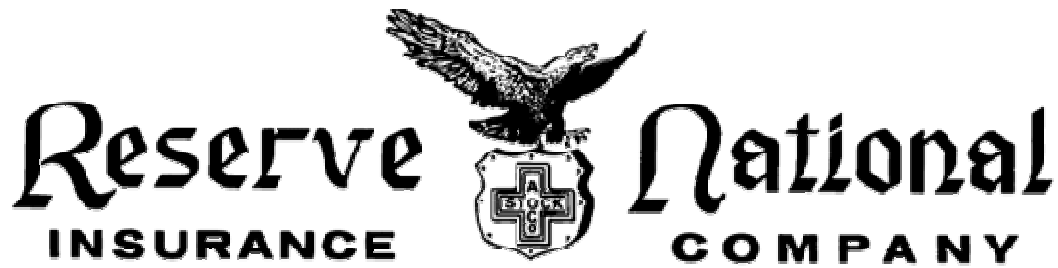
WORDS: 112

SENTENCES: 7

SYLLABLES: 137

This resulted in a Flesch Readability score of 87.129

KYLE D. CONRAD
Senior Vice President
and Associate Corporate Counsel



6100 NORTHWEST GRAND BLVD
OKLAHOMA CITY, OKLAHOMA 73118-1082

READABILITY CERTIFICATION

FORM NUMBER: Form PS-PR-PT – Prosthesis and Physical Therapy Benefit Rider

The words, sentences, and syllables of Form PS-PR-PT were counted to be used in the Flesch Readability Formula in order to determine the readability score of the form. Formal names, medical terms and words defined (implicitly or explicitly) in the policy/rider/endorsement were not counted.

WORDS: 147

SENTENCES: 5

SYLLABLES: 187

This resulted in a Flesch Readability score of 69.383

KYLE D. CONRAD
Senior Vice President
and Associate Corporate Counsel

Individual Ambulance Benefit Rider Form PS-AMB and Individual Prosthesis and Physical Therapy Benefit Rider Form PS-PR-PT

Actuarial Memorandum

Purpose and Scope

The purpose of this memorandum is to document the actuarial basis for the gross premiums of these products and to demonstrate that their anticipated loss ratios meet the minimum requirements.

Benefits

Rider Form PS-AMB:

This rider offers a benefit for transportation to or from a hospital by a licensed ambulance service. The Company will pay the Benefit Percentage of the Expense Incurred for ambulance services if an Insured incurs such expense due to injury or sickness. The maximum benefit is \$5,000 for Air Ambulance and \$1,500 for Ground Ambulance. There is no deductible for the ambulance benefit.

Rider Form PS-PR-PT:

- Prosthesis Benefit: After deductible - 80% of Expense Incurred up to \$10,000 for any one injury or sickness.
- Physical Therapy Benefit: After deductible - 80% of Expense Incurred up to \$50 per day and not to exceed \$2,500 total for any one injury or sickness.

Both Riders will be attached to the Company's Individual Policy Form PS-1.

Premium Classes

Exhibit I contains the premium guide for the riders. Premiums are attained age under age 65 and level for attained ages 65 and above. The rates do not vary according to sex or smoking status.

Premium Modalization Rules

The rates in Exhibit I are for the regular monthly mode. The other modes available, along with their modal loading factors, are:

Monthly Bank Draft	0.92
Quarterly	2.94
Semi-Annual	5.82
Annual	11.04

All results are rounded to the nearest dollar.

Renewability

This product is guaranteed renewable. In other words, the product is renewable at the option of the insured subject to the policy's termination provisions.

Issue Ages

For applicants aged 0 – 64.

Marketing Method

Sales are made through solicitation of individuals by agents working through a branch office distribution system.

Applicability

These rates will apply to all new issues.

Morbidity

Claim costs for Form PS-AMB were developed using the CDC's National Health Statistics Report Number 7 dated August 6, 2008 to derive frequency and publicly available cost data was utilized to derive cost per event numbers. Company experience was also utilized to account for characteristics of typical Company policyholders. Claim Costs for Form PS-PR-PT were developed from available Company claim data on prosthesis and physical therapy charges.

Mortality

There is no specified mortality assumption as there are no benefits payable on death.

Persistency

Termination rates: 35% 1st year, 30% 2nd year, 25% 3rd year, 20% 4th year and 20% thereafter plus 80CSO-ALB mortality.

Expenses and Commission

- Commissions are 50% for the 1st year, and 10% thereafter.
- Acquisition expenses are \$15 per rider and maintenance expenses are 2.5% of premium.
- Premium Taxes are 3.0% of premium.

Area Factors

There are no premium differences based on area.

Underwriting

The policy form is individually underwritten in accordance with the Company's Underwriting Manual, which provides a means to:

- Limit the benefit coverages available,
- Determine appropriate premium loading for individual risk factors, and
- Determine an additional premium to charge for a pre-existing condition endorsement.

Average Annual Premium

PS-AMB: \$82

PS-PR-PT: \$151

Average annual premium is derived by assuming an age distribution similar to the current distribution of Policy Form PS-1.

Claim Liability and Reserves

Developed using the completion factor method.

Active Life Reserves

The policies are assumed to terminate at attained age 65 as insureds become eligible for Medicare. Thus, with attained age rating prior to age 65, active life reserves were not considered.

Minimum Required Loss Ratio

The minimum required loss ratio is 55%.

Anticipated Loss Ratio and Lifetime Loss Ratio

The anticipated loss ratio over the lifetime of the coverage for this product is 55%. The above assumptions, in combination with assumption of claims cost being discounted in the 1st year 24%, the 2nd year 20%, the 3rd year 10% and the 4th year 5% for effects of underwriting and pre-existing conditions exclusion, produce the following composite loss ratios for each year of coverage:

Year	Loss Ratio
1	52.2%
2	53.6%
3	57.0%
4	57.0%
5+	57.0%

Future medical trend is ignored, assumed to be covered by future rate increases. The anticipated loss ratio is the present value of expected claims divided by the present value of expected premiums over a 20-year future lifetime. The discount rate is 6%.

Experience -Past and Future

There is no past experience for this rider since this is a new form. Future experience is outlined in the Anticipated Loss Ratio section above.

History of Rate Adjustments

This section is not applicable to this form.

Number of Policyholders

There are no current policyholders since this is a new form.

Proposed Effective Date

This form will be effective immediately following approval notice.

Actuarial Certification

I certify that to the best of my knowledge and judgment, the actuarial memorandum complies with Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities," as adopted by the Actuarial Standards Board, December 2005 and that the benefits provided are reasonable in relation to the proposed premiums.

Brad Ober, A.S.A., M.A.A.A.
Actuary

There Are Limitations On the Amount of Benefits Payable For Each Covered Expense.



Outline of Coverage for Scheduled Benefit Hospital, Medical and Surgical Expense Policy Form PS-1

Read Your Policy Carefully. This Outline of Coverage provides a very brief description of the important features of Scheduled Benefit Hospital, Medical and Surgical Expense Policy Form PS-1. This is not the insurance contract and only the actual provisions in the Policy will control. The Policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. **It is therefore important that you Read Your Policy Carefully!**

Scheduled Benefit Hospital, Medical and Surgical Expense Policy Form PS-1 is designed to help cover hospital, medical and surgical expenses that you incur as a result of a covered injury or sickness. Coverage is provided for the benefits outlined in paragraph II, subject to the limitations, exclusions, deductible and benefit percentage requirements outlined in paragraphs II, III and IV.

For covered treatment of each injury or sickness: A covered person must first satisfy the Deductible [see paragraph I (A) below] *once in his/her lifetime for each injury or sickness* while the Policy is in force before any benefits (except the Benefits for Preventive Care) are payable for such condition. Then, benefits payable are 80% of the expense incurred, but the amounts payable are limited to the maximum benefit amounts shown below [see paragraphs I (B) through (K) below].

I. Acknowledgment of Maximum Benefit Amounts

- (A) Select Your Deductible Which Applies to Expenses Incurred for Each Injury or Sickness:

Deductible Selected \$ _____

- (B) Maximum Daily Hospital Room and Board Benefit:

80% of the Expense Incurred, up to \$ _____

- (C) Maximum Miscellaneous Hospital Inpatient Benefit:

80% of the Expense Incurred, up to \$ _____

- (D) Maximum Inpatient Diagnostic Radiology Benefit:

80% of the Expense Incurred, up to \$1,500

- (E) Maximum Inpatient Pathology Benefit:

80% of the Expense Incurred, up to \$1,000

- (F) Maximum Surgeon's Benefit:

80% of the Expense Incurred, up to Amounts Scheduled
in the Policy for Each Operation

- (G) Maximum Anesthesia Benefit:

80% of the Expense Incurred, up to 25% of the Applicable Surgical Benefit

- (H) Maximum Mammogram Benefit*:

80% of the Expense Incurred, up to \$125

- (I) Maximum Pap Smear Benefit*:

80% of the Expense Incurred, up to \$100

- (J) Maximum Prostate Exam Benefit*:

80% of the Expense Incurred, up to \$75

- (K) Maximum Doctor Visit Benefit*:

After a \$20 co-pay, 80% of the Expense Incurred,
up to \$65 per visit, up to 2 visits per policy year

Applicant's Signature for
Acknowledgement of Benefits

*The Benefits for Preventive Care are not subject to the Deductible.

II. Description of Benefits

(A) Benefits Payable While In The Hospital

- (1) **Hospital Expense Benefits:** For hospital expenses incurred while you are confined in a hospital, subject to the **Deductible**, we will pay **80%** of the expense incurred, **but not to exceed the amounts stated for any one injury or sickness:**

“ Daily hospital room and board expenses incurred, **but not to exceed the Maximum Daily Hospital Room and Board Benefit shown on page 1, for up to 365 days for an adult and 60 days for a child under age 18, for any one injury or sickness.**

“ Miscellaneous hospital inpatient expenses incurred, **but not to exceed the Maximum Miscellaneous Hospital Inpatient Benefit shown on page 1. The Maximum Miscellaneous Hospital Inpatient Benefit payable for any one injury or sickness is limited to the amount shown on page 1.**

Outpatient Radiation Therapy/Chemotherapy: Benefits relating to expenses incurred for outpatient radiation therapy or chemotherapy administered by or under the supervision of a physician for the treatment of **cancer** following a covered hospital confinement or surgical procedure for which Miscellaneous Hospital Inpatient Benefits were payable for the treatment of such cancer, will be payable as if incurred on an inpatient basis for such **cancer**, **but not to exceed in the aggregate a maximum benefit of \$1,000 per day for such outpatient radiation therapy or chemotherapy.**

- (2) **Benefit For Inpatient Diagnostic Radiology:** For interpretation of X-rays, CT Scans or MRIs by a radiologist, while you are confined in a hospital, subject to the **Deductible**, we will pay **80%** of the expense incurred, **but not to exceed a maximum benefit of \$1,500 for any one injury or sickness.**
- (3) **Benefit For Inpatient Pathology:** For services of a pathologist, while you are confined in a hospital, subject to the **Deductible**, we will pay **80%** of the expense incurred, **but not to exceed a maximum benefit of \$1,000 for any one injury or sickness.**

(B) Benefits Payable While In Or Out Of The Hospital

- (1) **Benefit For Surgeon:** For surgery performed by a physician, subject to the **Deductible**, we will pay **80%** of the expense incurred for the primary surgeon, **but not to exceed the applicable amount listed for each operation in the Schedule of Surgical Operations in the Policy.** The maximum aggregate benefit for all operations for any one injury or sickness is limited to \$_____. This benefit is not payable for expense incurred for a physician who assists the primary surgeon with a surgical operation.
- (2) **Benefit For Anesthesia:** For services of an anesthesiologist for a covered surgical procedure, subject to the **Deductible**, we will pay **80%** of the expense incurred, **but not to exceed a maximum benefit of 25% of the benefit provided for the surgical operation for any one injury or sickness.**

(C) Benefits Payable Out Of The Hospital – Benefits for Preventive Care

These benefits are not subject to the Deductible.

- (1) **Mammograms:** For a female covered person age 35 and over, we will pay **80%** of the expense incurred for mammograms performed at age intervals specified in the Policy, **but not to exceed a maximum benefit of \$125 for each mammogram.** This benefit is also payable if a covered person, her mother or her sister has had a history of breast cancer. See the Policy for details.
- (2) **Pap Smears:** For a female covered person, we will pay **80%** of the expense incurred for a Pap smear, **but not to exceed a maximum benefit of \$100 for each Pap smear**, limited to one Pap smear per policy year or more frequently if recommended by a physician.
- (3) **Prostate Exams:** For a male covered person age 50 and over, we will pay **80%** of the expense incurred for a prostate exam, **but not to exceed a maximum benefit of \$75 for each prostate exam**, limited to one prostate exam per policy year or more frequently if recommended by a physician.
- (4) **Doctor Visits:** For personal treatment by a physician in his/her office, we will pay **80%** of the expense incurred in excess of a **\$20 co-pay per visit, but not to exceed a maximum benefit of \$65 for each visit**, limited to 1 visit per day with a maximum of 2 visits per policy year.

(D) Optional Benefits

The following items are optional benefits that may be available in your state. Your application reflects you have applied

for the additional benefits if indicated below:

- (1) _____ (applicant's initials to select) **Premium Rate Guarantee Rider:** We guarantee that the premium rate for each covered person will not increase prior to the expiration of **2 years or 3 years (as you select)** following the effective date of this rider. After the expiration of such period, each covered person's premium rate will be subject to increases under the Policy's provisions.
- **Select:** ☐ 2-Year Premium Rate Guarantee ☐ 3-Year Premium Rate Guarantee
- (2) _____ (applicant's initials to select) **Ambulance Benefit Rider:** For transportation to or from a Hospital by a licensed ambulance service, we will pay **80%** of the expense incurred, **but not to exceed the following maximum benefits:**
- (a) **Air Ambulance:** For air transportation by a licensed ambulance service, **the maximum benefit is \$5,000 for any one injury or sickness.**
 - (b) **Ground Ambulance:** For ground transportation by a licensed ambulance service, **the maximum benefit is \$1,500 for any one injury or sickness.**
- (3) _____ (applicant's initials to select) **Prosthesis and Physical Therapy Benefit Rider:** For a prosthesis and physical therapy, subject to the Policy's **Deductible**, we will pay **80%** of the expense incurred, **but not to exceed the following maximum benefits:**
- (a) **Prosthesis** (a replacement part or device, whether organic or inorganic, implanted in the body to perform or augment a bodily function, such as a pacemaker, defibrillator, artificial limbs, joints or eyes, casts, splints, trusses or braces): For a prosthesis, **the maximum benefit is \$10,000 for any one injury or sickness.**
 - (b) **Physical Therapy:** For physical therapy, **the maximum benefit is \$2,500 for any one injury or sickness, limited to \$50 per day.**
- (4) _____ (applicant's initials to select) **Outpatient Benefit Rider:** For the covered outpatient services listed below, we will pay benefits as follows, **subject to the Outpatient Deductible** you select, which **must be satisfied by each covered person in each policy year:**
- (a) **Outpatient Physician Visits:** For outpatient physician visits, we will pay **80%** of the expense incurred, **limited to 1 visit per day, and not to exceed 10 visits in each policy year with a maximum benefit of \$50 per visit.**
 - (b) **Emergency Room:** For the use of a hospital emergency room, we will pay **80%** of the expense incurred, **limited to a maximum benefit of \$500 in each policy year.**
 - (c) **Outpatient Diagnostic Lab Tests and X-Rays:** For outpatient diagnostic lab tests and X-rays (including CT scans and MRIs) we will pay **80%** of the expense incurred, **limited in the aggregate in each policy year to a maximum benefit of \$_____.**

The Outpatient Deductible is separate from and in addition to the Deductible under the Policy.

- **Select:** Outpatient Deductible \$_____.

- (5) _____ (applicant's initials to select) **Existing Condition Benefit Endorsement PEB-3 (7/89):** Pre-existing conditions disclosed on the application and listed on the Endorsement Form PEB-3 (7/89) will be covered after 12 months.

III. Exclusions

We will not pay if loss is caused or contributed to by: (a) injury or sickness sustained while serving in the armed forces of any country or international authority at war, whether war is declared or not (we will return the pro-rata premium for any period not covered by the Policy while you are in such service); (b) suicide or attempted suicide, while sane or insane, or any intentionally self-inflicted injury; (c) drug abuse, drug overdose or drug addiction, except as may be provided by endorsement; (d) intoxication, alcoholism or alcohol related illnesses, except as may be provided by endorsement; (e) mental illness, nervous or emotional disorders, except as may be provided by endorsement; (f) injury or sickness covered by any worker's compensation act, occupational diseases law or any motor vehicle no-fault law; (g) dental care or treatment, except that excluded dental care or treatment shall not include (1) reconstructive surgery when such service is incidental to trauma or (2) treatment of accidental injury to whole, natural teeth received within six months following an accident; (h) cosmetic or elective surgery (including surgery to correct myopia, hyperopia, presbyopia or astigmatism and surgery for weight loss or modification), except that excluded cosmetic surgery shall not include (1) reconstructive surgery when service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part, (2) reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect or (3) breast reconstruction in connection with mastectomy, including reconstructive surgery on a nondiseased breast to establish symmetry with a diseased breast on which reconstructive surgery has been performed; (i) pregnancy or conditions due to pregnancy, except complications of pregnancy shall be covered as a sickness; (j) childbirth, except as may be provided by endorsement; (k) participation in

a felony, riot or insurrection; (l) rest cures, custodial care, and routine physical examinations; (m) expenses incurred to the extent benefits are actually paid by Medicare; (n) charges that a covered person is not legally required to pay or that would not have been made if no insurance coverage had existed; (o) treatment received in a United States Government or Veterans hospital for which a covered person is not required to pay; (p) eye glasses, hearing aids and examination for the prescription or fitting thereof; (q) surgical sterilization; (r) any expense incurred in connection with the acquisition, purchase or transportation of human or animal organs used in transplant procedures.

IV. Pre-Existing Conditions

Pre-existing conditions are not covered under your Policy until your Policy has been in force for a period of two years; however, no benefits whatsoever will be payable for loss from any condition, either pre-existing or otherwise, which is completely excluded from coverage under your Policy by name or specific description on the date of the loss. "Pre-existing condition" means a condition which has been diagnosed, or has manifested itself to you within the five-year period immediately preceding the Effective Date of your Policy by a symptom or symptoms, whether the specific condition has been medically diagnosed or not, and causes loss within the two-year period following the Effective Date of your Policy.

Coverage for some pre-existing conditions may be included after 12 months for an additional premium payable during the life of your Policy by attachment of the PEB-3 (7/89) Endorsement.

V. Termination

A covered person's coverage will immediately terminate at 12:01 a.m., Standard Time, at the place where the insured resides, at the end of the 31-day grace period following the due date of any premium for that covered person which is not paid.

VI. Renewability

Subject to the limitations stated in the Termination provision, the Policy is guaranteed renewable at your option. We reserve the right to change the premiums for the Policy in accordance with the Premium Payments provision.

VII. Premium Payments

- (a) You have a grace period of 31 days for the payment of each premium which becomes due after the first premium.
- (b) Premiums may be changed. Premiums are based on the attained age of each covered person and the time the Policy is in force. Each covered person's premium may increase following his/her birthday. Premiums may also increase at any time due to the Company changing its table of rates applicable on a class basis in your state. Classes may be determined according to sex, attained age, smoking status and state of residence. We will give you 31 days notice before any such premium change.

PLEASE READ BEFORE SIGNING

THE SOLICITING AGENT SIGNING BELOW DOES NOT HAVE THE AUTHORITY TO BIND THE COMPANY OR TO WAIVE, CHANGE OR AMEND ANY TERM OR CONDITION OF A POLICY WHICH MAY BE ISSUED BY THE COMPANY.

I understand and acknowledge that:

• The benefits of Form PS-1 are limited as outlined herein.

- This is not major medical coverage.

• I have received a copy of this outline of coverage, which I have reviewed.

Dated this _____ day of _____, 20_____.

Signed at _____, State of _____.

Applicant's Signature

Agent's Signature

Date